

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:56

DOCUMENT # 603648

(7)

1. Corporation Name

LUNSETH & MILLER, M.D., P.A.

Principal Place of Business

**4612 NO HABANA AVENUE
TAMPA FL 33614**

Mailing Address

**4612 NO HABANA AVENUE
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/19/1972

3a. Date of Last Report

04/25/1994

4. FEI Number

59-1406528

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. State Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

**LUNSETH, PAUL A.
4612 N HABANA
TAMPA FL 33614**

10. Name and Address of New Registered Agent

61. Name

62. Street Address (P.O. Box Number is Not Acceptable)

63. City

64. Zip Code

FL

11. Pursuant to the provisions of Sections 607 (0402) and 607 (1508), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 (0405), Florida Statutes.

SIGNATURE

(Signature must appear with Registered Agent and the Corporation)

(Signature Required Agent must appear with the Corporation)

(Signature)

12. OFFICERS AND DIRECTORS	
12.1 NAME	12.2 ADDRESS
12.3 NAME	12.4 ADDRESS
12.5 NAME	12.6 ADDRESS
12.7 NAME	12.8 ADDRESS
12.9 NAME	12.10 ADDRESS
12.11 NAME	12.12 ADDRESS
12.13 NAME	12.14 ADDRESS
12.15 NAME	12.16 ADDRESS
12.17 NAME	12.18 ADDRESS
12.19 NAME	12.20 ADDRESS
12.21 NAME	12.22 ADDRESS
12.23 NAME	12.24 ADDRESS
12.25 NAME	12.26 ADDRESS
12.27 NAME	12.28 ADDRESS
12.29 NAME	12.30 ADDRESS
12.31 NAME	12.32 ADDRESS

13. ADVERSE CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1 NAME	☐ Change ☐ Addition
13.2 NAME	☐ Change ☐ Addition
13.3 NAME	☐ Change ☐ Addition
13.4 NAME	☐ Change ☐ Addition
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	☐ Change ☐ Addition
13.7 NAME	☐ Change ☐ Addition
13.8 NAME	☐ Change ☐ Addition
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	☐ Change ☐ Addition
13.11 NAME	☐ Change ☐ Addition
13.12 NAME	☐ Change ☐ Addition
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	☐ Change ☐ Addition
13.15 NAME	☐ Change ☐ Addition
13.16 NAME	☐ Change ☐ Addition
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13.25 NAME	☐ Change ☐ Addition
13.26 NAME	☐ Change ☐ Addition
13.27 NAME	☐ Change ☐ Addition
13.28 NAME	☐ Change ☐ Addition
13.29 NAME	☐ Change ☐ Addition
13.30 NAME	☐ Change ☐ Addition

14. I do hereby certify that the information submitted with this report is accurately furnished and does not qualify for the exemption stated in Section 193.032(1)(b), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered or business agent and I am authorized to make this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on a subsequent page with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

6/26/95 8B-8776748

CR2E034 (3/95)